#### **APPLICATION DATA SHEET**

#### **Application Information**



Application number:: 10/589,487
Filing Date:: 08/15/2006
Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)::

Number of copies of CRF::

Title:: DIAGNOSTIC MARKER FOR CANCER

Attorney Docket Number:: 27581U

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggest Drawing Figure::

Total Drawing Sheets:: 10

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed U.S. Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

# **Applicant Information**

Applicant Authority type:: Inventor
Primary Citizenship Country:: AU

Status:: Full Capacity

Given Name:: Michael

Middle Name::

Family Name:: CAHILL

Name Suffix:::

City of Residence:: Lörzweiler

State or Province of Residence::

Country of Residence:: DE

Street of Mailing address:: Weinbergstrasse 34

City of mailing address:: Lörzweiler

State or Province of mailing address::

Country of mailing address:: DE

Postal or Zip Code of mailing address:: 55296

**Applicant Information** 

Applicant Authority type:: Inventor

Primary Citizenship Country:: AT

Status:: Full Capacity

Given Name:: Helmut

Middle Name::

Family Name:: KLOCKER

Name Suffix:::

City of Residence:: Inzing

State or Province of Residence::

Country of Residence:: AT

Street of Mailing address:: Ziegelstrasse 46a

City of mailing address:: Inzing

State or Province of mailing address::

Country of mailing address:: AT

Page # 2 Initial 3/12/2007

Postal or Zip Code of mailing address:: A-6401

**Applicant Information** 

Applicant Authority type:: Inventor

Primary Citizenship Country:: AT

Status:: Full Capacity

Given Name:: Hermann

Middle Name::

Family Name:: ROGATSCH

Name Suffix:::

City of Residence:: Klagenfurt

State or Province of Residence::

Country of Residence:: AT

Street of Mailing address:: Beethovenstr. 10

City of mailing address:: Klagenfurt

State or Province of mailing address::

Country of mailing address:: AT

Postal or Zip Code of mailing address:: 9020

**Correspondence Information** 

Correspondence Customer 020529

Number::

Name:: The Nath Law Group

Street of mailing address:: 112 South West Street

City of mailing address:: Alexandria

State or Province of mailing address:: VA

Country of mailing address:: United States of America

Postal or Zip Code of mailing address:: 22314

Phone number:: (703) 548-6284

Page # 3 Initial 3/12/2007

F	ах	numl	per::
•	~		

(703) 683-8396

E-Mail address::

ip@nathlaw.com

## **Representative Information**

Representative Customer Number:: 020529	
---	--

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

#### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
EP	PCT/EP2005/001567	16 February 2005	Yes
DE	10 2004 008 449.1	16 February 2004	Yes
DE	10 2004 038 076.7	29 July 2004	Yes

## Assignee Information

Assignee name::

**PROTEOSYS AG** 

Street of mailing address::

Carl-Zeiss-Strasse 51

City of mailing address::

Mainz

State or Province of mailing address::

Country of mailing address::

DE

Postal or Zip Code of mailing address:: 55129